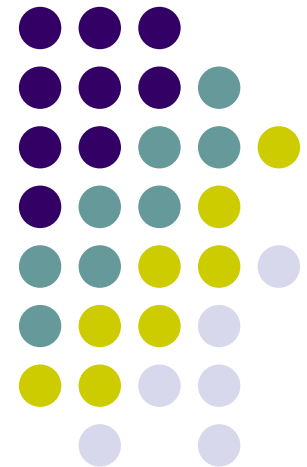


Mental Health Services Oversight and Accountability Commission: Distinguishing Role & Strategic Directions, FY 06-07

Presented by:
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March 23, 2006





Presentation Expectations

- Full Commission understanding of opportunities and threats
- Full Commission understanding of OAC distinguishing role and FY 07 strategic directions
- Following public comment, Commissioners will take action on all recommendations being proposed



Overview

- SCOT Analysis of MHSOAC
- Distinguishing Role of MHSOAC-Recommendation 1
- Intended Public Health Outcomes of MHSA funding as defined by MHSOAC-Recommendation 2
- MHSOAC Strategic Directions for FY 06 & FY 07-Recommendation 3

MHSOAC: Strengths, Weaknesses, Opportunities, and Threats



Strengths

1. Creation of Hope
2. Public Support
3. Funding Prevention & Innovation
4. Individual Commissioners
5. Visibility

Challenges

1. Responsiveness
2. Public access
3. Role Clarity between OAC and DMH
4. Public Expectations
5. Visibility

MHSOAC: Strengths, Weaknesses, Opportunities, and Threats



Opportunities

1. Oversight for transformation
2. Identify and fund strategies to eliminate disparities
3. Provide leadership for prevention and innovation
4. Harness and draw on local-level leadership

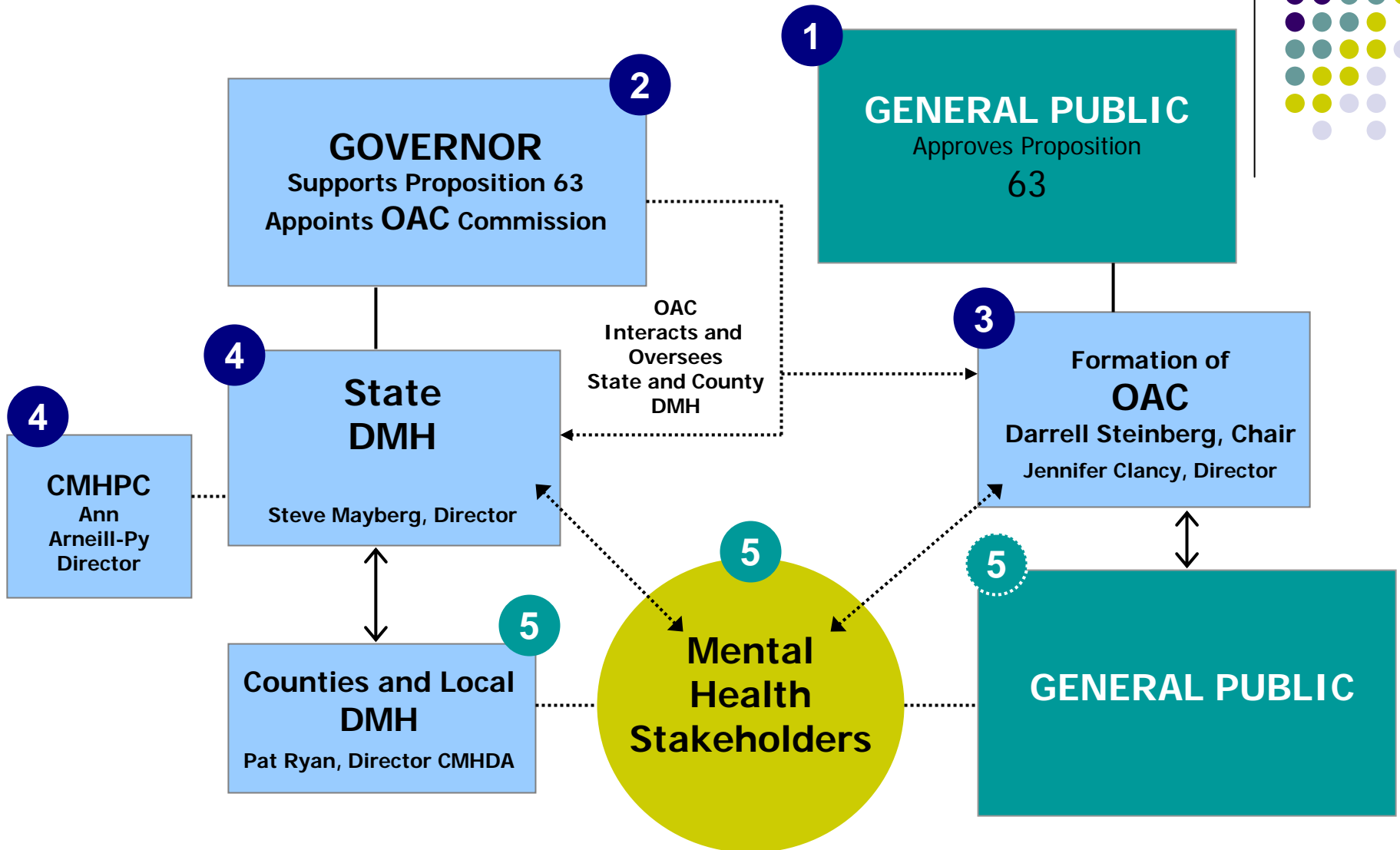
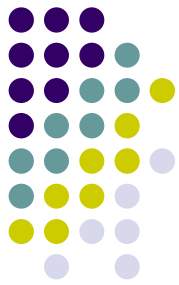
Potential Threats/Challenges

1. Oversight challenges: Prop. 10, Prop. 36, Prop. 71
2. Managing public expectations and support
3. Inclusive and intentional public involvement strategies
4. Suppress local-level leadership and organizing

Recommendation 1: Distinguishing Role of MHISOAC



- 1. Mental Health Services Oversight and Accountability Commission will make mental health relevant to the public.**
- 2. Mental Health Services Oversight and Accountability Commission will hold State and Counties accountable for public health outcomes.**





Distinguishing Role of MHSOAC

1. **Role supported by MHSA**

- ✓ Part 3.7, 5845, a5: Gov. seeks those who have had personal or family exp. w/mi
- ✓ Part 3.7, 5845, d4: Employ all appropriate strategies necessary to perform its duties
- ✓ Part 3.7, 5845, d5: Develop strategies- Stigma, Prevention, Early Intervention and Innovation
- ✓ Part 3.7, 5845, d6: Advise Gov. and Legislature on improving care and services



Distinguishing Role of MHSOAC

2. **Role is not assumed by other oversight bodies in MHSA**
 - ✓ State DMH: County plan requirements; technical assistance; approves allocation of funds; ongoing monitoring
 - ✓ County DMH: engages local mental health stakeholders; develops and implements plans; ongoing local level monitoring
 - ✓ State CMHPC: Review and approve CA 5 Year education and training plan; education and training policy development

Recommendation 2: MHSAOAC Seeks Public Health Outcomes



**MHSA calls for establishment of
program to prevent mental illness
from becoming severe and
disabling (Part 3.6, 5840, a.)**

MHSOAC Seeks Public Health Outcomes



Part 3.6, 5840, d 1-7:
Strategies must reduce
negative outcomes:

- Suicide
- Incarceration
- School failure/dropout

Part 3.6, 5840, d 1-7:

- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from homes

MHSOAC Seeks Public Health Outcomes



- Mental health relevance for public is increased when we seek public health outcomes
- Translate language from reducing negative outcomes to seeking strength-based, publicly relevant outcomes
- Benefits of MHSA must be understood by all-
“Voters entrusted not only their hopes, but also their pocketbooks” (ref. to Prop 71, SF Chronicle, June 30th, 2005)

MHSOAC Seeks Public Health Outcomes



Children and Young Adults

1. Safe
2. Behaving Well
3. In School and Learning
4. Healthy
5. At Home

Adults and Older Adults

1. Safe
2. Behaving Well
3. At Work, School, or Community
4. Healthy
5. At Home
6. Financially Sufficient

MHSOAC Seeks Public Health Outcomes



1. **Public Health Outcomes Reflect Commissioners Areas of Focus from August, 2005 Retreat**
 - ✓ Homelessness
 - ✓ Reduction in institutional care
 - ✓ Children and keeping them out of system
 - ✓ Employment of clients and family members
 - ✓ Decriminalization and stigma reduction

MHSOAC Seeks Public Health Outcomes



1. **MHSOAC must translate Public Health Outcomes into Relevant Public Policy Issues- Examples:**
 - ✓ Foster care: *Katie A. vs. Bonta*- requires state to provide mental health care to foster youth to avoid institutional care
 - ✓ Homeless children and families: *Toxic Playgrounds*- mental health services for children and youth and their families living on skid row
 - ✓ Mental health of California's military personnel returning from and being redeployed to Iraq
 - ✓ High school drop out rates and mental health

Recommendation 3: MHSOAC Strategic Directions, FY 06-07



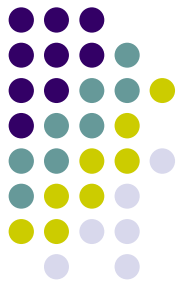
**Direction 1: Eliminate Cultural Disparities in
Access to & Quality of Services and Supports**

**Direction 2: Increase Partnership, Coordination,
& Collaboration in Service and Support
Delivery**

**Direction 3: Increase Communication with &
Involvement of Broader Public in MHSA
Implementation and Outcomes**

Strategic Direction 1:

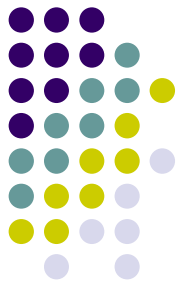
FY 06-07 Strategies to Eliminate Cultural Disparities



- A. Ensure publicly informed & driven implementation of Prevention Program (OAC Prevention Committee)
- B. Ensure publicly informed & driven implementation of Innovation Program (OAC Innovations Committee)
- c. Ensure publicly informed & driven implementation of Housing Initiative (OAC Capitol Committee)

Strategic Direction 1:

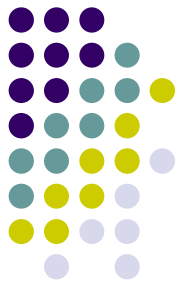
FY 06-07 Strategies to Eliminate Cultural Disparities



- D. Ensure development and application of cultural & linguistic competence standards and strategies to reduce disparities within each OAC Committee (OAC C&L Resource Committee and Executive Committee)
- E. Ensure CSS Plan reviews incorporate strategies to assess whether County Plans effectively address cultural disparities (OAC CSS Committee)

Strategic Direction 2:

FY 06-07 Strategies to Increase OAC Integration, Coordination, & Collaboration



- A. Ensure mechanism for integration and coordination across OAC Committees (OAC Executive Committee & Staff)
- B. Ensure mechanism for communication with County-level CSS Plan organizers (OAC CSS Committee)
- C. Ensure coordination with CMHPC on wellness & recovery standards for training personnel, consumers, and family members (OAC Education Committee)

Strategic Direction 2:

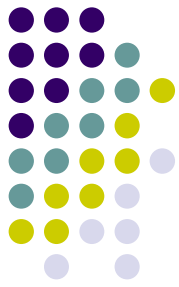
FY 06-07 Strategies to Increase OAC Integration, Coordination, & Collaboration



- D. Establish a comprehensive, long-term plan for MHSOAC to determine how MHSA funded programs are being incorporated to ensure transformation (OAC CSS and Outcome & Measurements Committee)
- E. Establish a plan for coordination and collaboration with State Department of Mental Health (OAC Executive Committee)

Strategic Direction 3:

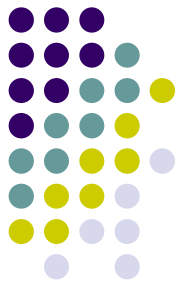
FY 06-07 Strategies to Increase Communication with Broader Public



- A. Establish positive relationship with the press, radio stations, local television (OAC Exec. Committee and Staff)
- B. Establish a relevant public policy agenda related to prevention and innovation (OAC Prevention & Innovation Committees)
- c. Establish a relevant, culturally appropriate statewide anti-stigma and discrimination campaign (OAC Executive Committee, C & L. Comp Resource Committee & Prevention Committee)

Strategic Direction 3:

Increase Communication with Broader Public



- D. Assess public to establish community level outcomes of public interest-see *DMH 3 tiered approach to performance measurement*- (OAC Outcomes Committee)
- E. Ensure strict adherence to Bagley-Keene Act (OAC Executive Committee and Staff)
- F. Ensure development of strong and independent MHSOAC infrastructure (OAC Staff)



MHSOAC Strategic Directions

1. **Strategic Directions Reflect Commissioner's August Retreat**
 - ✓ Cultural Competency
 - ✓ Consumer and Family Driven
 - ✓ Continuum of True Care
 - ✓ Transformation of Mental Health Workforce



SUMMARY AND QUESTIONS

- MHSOAC has critical strengths, challenges, opportunities, & threats
- Recommendation 1: MHSOAC distinguishing role is to make mental health relevant to public
- Recommendation 2: MHSOAC must hold itself, state, and counties accountable for public health outcomes
- Recommendation 3: MHSOAC will move forward in 3 strategic directions during FY 06-07

➤ QUESTIONS?